

PERFORMANCE BASED CONTRACT MEASURES COMMUNITY INTEGRATION (CI)

MARCH 2012

Purpose:

To establish a set of performance based measures that can be used for contracts that 1) focus on the small number of individuals receiving Community Integration as a contracted service for three or more quarters, and 2) provide a set of measures that can transition to the Value Based Purchasing initiative for MaineCare funded Community Integration services.

Why are the measures proposed important in assessing contractor performance?

Community Integration Services were formerly known in Maine as "case management" and "community support".
(Source: MaineCare manual)

An important function of community integration workers is to provide services that address individual needs, so that an individual's use of services are stable, but flexible and responsive to the individual's mental health symptoms or health related concerns.

Goal:

These measures focus on the reduction of psychiatric hospitalization use as an indicator to gauge the effectiveness of CI services.

Proposed PBC Measures:

- X% of CI recipients will have no psychiatric hospitalization days during the past six months.
- X% of CI recipients will have a decrease in community integration units over the past six months.

Source:

- * MaineCare Manual and DHHS Contracts.
- ** To be included in DHHS contracts only.

Standards/Strategies:

- * Identification of medical, social, residential, educational, emotional, and other related need. Ensuring delivery of crisis planning or intervention and resolution.
- * Frequent face-to-face contact or communication with:
 - Other professionals
 - Caregivers
 - Individuals involved in treatment planning
 - Guardian or family member
- * Develops and monitors ISP and evaluation of service provision.
- * Use of 24/7 crisis support and use of multi-disciplinary team.
- * Frequent face-to-face contact in the community.
- * Increased contact with informal supports, increased opportunity for employment, and increased housing stability.
- ** Annual evaluation to determine discharge criteria from CI services.



Paul R. LePage, Governor

Department of Health
and Human Services

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Mary C. Mayhew, Commissioner